4545 NORTH 92ND STREET

MI LWAUKEE 53225 Phone: (414) 464-3880)	Ownershi p:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/01):	245	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	245	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	235	Average Daily Census:	237

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	32. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	47. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	0.0	More Than 4 Years	20. 0
Day Services	No	Mental Illness (Org./Psy)	33. 6	65 - 74	3. 4		
Respite Care	No	Mental Illness (Other)	14. 0	75 - 84	30. 6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	51. 1	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1. 7	95 & 0ver	14. 9	Full-Time Equivalent	:
Congregate Meals	No	Cancer	8. 5	İ	Í	Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	6. 4		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	15. 7	65 & 0ver	100. 0		
Transportation	No	Cerebrovascul ar	6. 0			RNs	15. 6
Referral Service	No	Di abetes	4. 3	Sex	% j	LPNs	7. 7
Other Services	No	Respi ratory	3.8		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	6. 0	Male	12.8	Aides, & Orderlies	47. 0
Mentally Ill	No			Femal e	87. 2		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100.0		
************	****	, ***********	*****	, *******	********	**********	*****

Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay			Family Care			lanaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	11	100. 0	347	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	11	4. 7
Skilled Care	0	0.0	0	105	90. 5	110	0	0.0	0	95	89. 6	167	2	100. 0	110	0	0.0	0	202	86. 0
Intermedi ate				11	9. 5	91	0	0.0	0	11	10. 4	146	0	0.0	0	0	0.0	0	22	9. 4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	11	100.0		116	100.0		0	0.0		106	100.0		2	100.0		0	0.0		235	100. 0

LUTHER MANOR

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	or kesidents	Condi ti ons	s, services, an	d Activities as of 12.	/31/01
beachs builing kepoliting relific	1	 		% Ne	eedi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	7. 0	Daily Living (ADL)	Independent		Two Staff	Dependent	Resi dents
Private Home/With Home Health	11. 6	Bathing	0. 0		37. 2	32. 8	235
Other Nursing Homes	6. 4	Dressi ng	14. 5		36. 0	19. 6	235
Acute Care Hospitals	46. 5	Transferring	31. 9		54. 9	13. 2	235
Psych. Hosp MR/DD Facilities	0. 0	Toilet Use	25. 1		55. 3	19. 6	235
Rehabilitation Hospitals	0. 6	Eati ng	47. 7	4	16. 8	5. 5	235
Other Locations	27. 9	********	******	*****	*******	********	******
Total Number of Admissions	172	Continence		% Sp	ecial Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter		Receiving Resp		5. 5
Private Home/No Home Health	9. 5	0cc/Freq. Incontinen			Receiving Trac		0. 0
Private Home/With Home Health	8. 9	Occ/Freq. Incontinen	t of Bowel	35. 7	Receiving Suct	i oni ng Č	0. 0
Other Nursing Homes	1. 2	•			Receiving Osto	my Care	1. 3
Acute Care Hospitals	5. 3	Mobility			Receiving Tube		0. 9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	4. 7		anically Altered Diets	s 27. 7
Rehabilitation Hospitals	0.0]			Ü	· ·	
Other Locations	16.6	Skin Care		01	ther Resident C	haracteri sti cs	
Deaths	58. 6	With Pressure Sores		6. 4	Have Advance D	i recti ves	90. 2
Total Number of Discharges		With Rashes		12.3 Ma	edi cati ons		
(Including Deaths)	169	ĺ			Receiving Psyc	hoactive Drugs	57. 9

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

Ownershi p: Bed Size: Li censure: 200+ Skilled Al l Thi s Nonprofit Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 96.7 88. 9 1.09 80. 2 1. 21 82.7 1.17 84.6 1.14 Current Residents from In-County 94.9 88. 1 1.08 83. 3 1. 14 **85**. 3 1.11 77. 0 1. 23 Admissions from In-County, Still Residing 39.0 22.9 1. 70 27.4 1.42 21. 2 20.8 1.87 1.84 Admissions/Average Daily Census 72.6 129.6 0.56 94. 3 0.77 148. 4 0.49 128. 9 0.56 Discharges/Average Daily Census 71.3 133.7 98. 8 0.72 150. 4 130.0 0.55 0.53 0.47 Discharges To Private Residence/Average Daily Census 13. 1 47.6 0.27 31.6 0.41 **58.** 0 0.23 52.8 0. 25 Residents Receiving Skilled Care 90.6 90. 5 1.00 89. 7 1.01 91.7 0.99 85.3 1.06 Residents Aged 65 and Older 100 97.0 1.03 90. 1 1. 11 91.6 87. 5 1.09 1. 14 Title 19 (Medicaid) Funded Residents 49.4 **56.** 0 0.88 71.6 0.69 64. 4 0.77 68. 7 0.72 Private Pay Funded Residents 2.36 23.8 22. 0 45. 1 35. 1 1. 29 19. 1 1. 90 2.05 Developmentally Disabled Residents 0.0 0. 5 0.8 0.00 0. 9 7. 6 0.00 0.00 0.00 Mentally Ill Residents 47.7 30. 9 1.54 35. 4 1. 35 32. 2 1.48 33. 8 1. 41 General Medical Service Residents 6.0 27.3 0. 22 20. 3 0. 29 23. 2 0.26 19. 4 0.31 47.2 50.3 0.94 0.91 51.3 0.92 49.3 0.96 Impaired ADL (Mean) 51.8 Psychological Problems 57.9 52. 4 1. 10 47. 7 1. 21 50. 5 1. 15 51. 9 1. 12 7. 2 Nursing Care Required (Mean) 6.8 7. 1 0.95 7. 3 0. 92 0.94 7. 3 0.92